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Application Number	10/572,882
Filing Date	10/10/2006
First Named Inventor	Golz, et al.
Art Unit	1653
Examiner Name	Not Yet Assigned
Attorney Docket Number	2004P56028 WOUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Andrew Klawitter, VP Patents & Licensing, Siemens Medical Solutions Diagnostics

Date

September 13, 2007

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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